

## DOCUMENTATION of TRAINING for MEDICATION AIDE RENEWAL

This form is to be used for medication aides who are nursing students and as part of their training have completed the topics listed below. Please verify the individual has met the requirements, sign the attestation below and return this form along with the individual's application and fee to Health Occupations Credentialing.

\_\_\_\_\_ has successfully completed the topics listed below.  
Student Name

### ***Requirement/Required Topics:***

1. Include five hours of education on:

Basic principles and skills essential for the administration, care and handling of medications that are for oral ingestion or for external application.

2. Include five hours of education on each of the topics of **current, relevant information** as follows:

- a. Biological effects of medications on elderly persons
- b. Over-medication and drug abuse
- c. Drug-drug and food-drug interactions
- d. Drug classification update and
- e. Regulations and other legal considerations

I hereby attest that the information supplied on this form is accurate and complete to the best of my knowledge. I hereby give permission to the department to verify any information provided on this form.

\_\_\_\_\_  
Nursing Department Coordinator Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Name of School

Health Occupations Credentialing  
503 S Kansas Avenue  
Topeka, KS 66603-3404